



**Kentucky Licensing Board for  
Specialists in Hearing Instruments**

Post Office Box 1360

Frankfort, Kentucky 40602

Telephone (502) 564-3296

**ENDORSEMENT FORM**

**APPLICANT INSTRUCTIONS:** Complete the top section and forward to each state in which you hold or have held a license. You may make as many copies as you need.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO BE COMPLETED BY STATE LICENSURE AGENCY**

1. Was your State the state of the applicant's original license? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what state? \_\_\_\_\_
2. Did the applicant take the National Institute for Hearing Instrument Studies written examination for licensure? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish the date and the total raw score. \_\_\_\_\_
3. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to Divulge \_\_\_\_\_  
  
If yes, please explain on a separate page.
4. According to your records, has the applicant ever been disciplined by your Board, or other state agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on separate page.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
State